

COMMISSION ON FIRE PREVENTION AND CONTROL CONNECTICUT FIRE ACADEMY

34 Perimeter Road Windsor Locks CT 06096-1069 PHONE 860-627-6363 ext 227 FAX 860-654-1889

In-state toll free: 877-5CT-FIRE

brenda.murphy-tenney@po.state.ct.us

Dear Applicant:

Welcome to the National Registry of EMTs ALS examination process at the Connecticut Fire Academy. This information will provide you with the necessary information and forms to register for the examination. **Please read it carefully to avoid delays in processing your application.** Please find the following information:

- 1. Exam schedule including dates, times, location and **Directions** to the exam site.
- 2. ALS practical exam information
- 3. A registration form for the Connecticut Fire Academy National Registry ALS Exam for the practical.

(This must be returned to CFA with fee 21 days prior to the exam date)

4. All written exams are now done through the NREMT with Pearson VUE Testing Centers. Go to the NREMT Website (www.nremt.org) Log In and Create an Account. The program will guide you through the written testing process.

5. National Registry skill sheets, application and info can be downloaded from their website: www.nremt.org We encourage you to do this!!!

- 6. Lunch is not included. Feel free to bring your own snacks and drinks.
- 7. You are being tested on your knowledge of your "scope of practice" as it pertains to the standard DOT Curriculum, not local protocols. Please adhere to the material in your textbook!!

Every effort is made to make the exam process as painless and stress free as possible. We hope you find the enclosed information clear, concise and helpful.

We also suggest that you bring your own 20 gauge IV catheters and/or set up. We always have a selection, but it may make you more comfortable if you have your own. (If you are traveling by air, do NOT bring IV supplies!) If you have any questions or if I can be of further assistance, please do not hesitate to contact me either by phone or e-mail.

PLEASE ATTACH A COPY AND BRING ANY NATIONAL REGISTRY TEST RESULTS PAPERWORK WITH YOU IF YOU HAVE NOT TESTED WITH US BEFORE! (This helps us understand who you are and where you have been.)

Sincerely,

Brenda P. Tenney NREMT ALS Exam Coordinator

NREMT ALS PRACTICAL EXAMS

1. Practical exam registration forms are accepted on a first come, first-served basis. Forms must be completely filled out and include a Money Order/Department or Bank Check or Visa/Master Card information for the appropriate exam fee amount. (NO PERSONAL CHECKS, PLEASE!) *Visa/MC payment info and the form may be faxed to 860-654-1889.*

ALL FEES MUST BE PAID 21 DAYS PRIOR TO EXAM!!

The exam fee will be forfeited if you do not show up on the exam day. An administration fee of \$25 will be charged if you cancel less than 3 days prior.

- 2. All Written Exams are being scheduled through the NREMT and Pearson Vue Testing Centers. All written exams are computer based as of 01/01/07. Go to the NREMT website: www.nremt.org "Log On, Create an Account" and follow the instructions.
- 3. Practical exam registration is 7:45 a.m. Please be prompt! If you are late, you may not be admitted to the exam.
- 4. **If you do not receive a confirmation letter, you may NOT be registered for the exam.** Either your application was late in arriving or the exam is full. We must receive your application and payment **THREE WEEKS** prior to the exam date to assure that you are included. If you have preliminarily registered by phone, you have been included on the official NR roster. HOWEVER, Receipt of your CFA ALS EXAM application and check place you on the final roster. If you have a question, contact us at 860-627-6363 ext 227 for clarification.

We do <u>not</u> cancel due to bad weather!!

- 5. All candidates must bring positive proof of identification in the form of a PHOTO ID (Drivers License or Passport).
- 6. A variety of UP-TO-DATE equipment is provided in each station, but we cannot guarantee it is what you are used to using. You may bring and utilize equipment of your own, such as **IV catheters**, **20 gauge or smaller**, spider straps, strapping materials or shortboards.
- 7. Every effort will be made to send you **UNOFFICIAL Practical Exam** results within one week of the exam. **The OFFICIAL Written and Practical Exam** results will be mailed directly to you from the National Registry in approximately 4-6 weeks after the exam. You may request e-mail (Brendamurphy-tenney@po.state.ct.us) results if you have signed the release form on exam day.

CERTIFICATION AS AN NREMT PARAMEDIC OR INTERMEDIATE MAY NOT MEAN YOU ARE AUTOMATICALLY LICENSED TO PRACTICE IN YOUR STATE! CHECK WITH YOUR STATE EMS OFFICE.

If you have questions or need to contact the National Registry of EMTs directly, their address is: National Registry of EMTs, PO Box 29233, Columbus, OH 43229 Phone: 614-888-4484 Fax: 614-888-8920

REGISTRATION FOR THE EXAM CLOSES 21 DAYS PRIOR TO THE SCHEDULED EXAM DATE!!!!

YOUR PAYMENT MUST BE RECEIVED <u>3 WEEKS</u> BEFORE THE EXAM DATE TO HOLD YOUR SPACE!!

2007 ALS EXAM SCHEDULE 07/29/07 10/14/07

Check-in/Registration is 7:45 a.m.

PRACTICAL EXAMS ARE HELD AT:

**** The Connecticut Fire Academy 34 Perimeter Road, Windsor Locks, CT****

Please dress professionally, but appropriately. Tank tops, mid drift shirts, short shorts, high heels, logo/department wear are <u>not</u> acceptable!

ALS EXAM REGISTRATION

LEGAL NAME			SOC. SEC. #		
ADDRESS			HOME PHONE _		
CITY/STATE/ZIP			WORK PHON	E	
SCHOOL/INSTRUCTOR _			YOUR E-MAIL		
D.O.B/			REQUESTED EXAM	DATE	
Testing level: NREMT-PA	RAMEDIC _	NREMT-	INTERMEDIATE	'85	'99
Testing: PRACTICA	AL EXAM				
RETESTING THE FOLL	OWING STAT	TIONS: 1st Reto	est 2nd Retest		
1 2. 3	. 4.	5.	LAST TEST DA	TE (If Rete	st)
RETESTS: PLEASE B	RING A CO	PY OF ANY	NATIONAL REGIS	TRY RES	SULTS!
	1	EXAMINATIO	in eeec		
accepted. Personal checks: Payment MUST be rece EMT-Intermediate '85 Cand CT Paramedic & Intermediat Out-of-state EMT-Paramed Retests for all candidates: (Up to 5 stations)	ived 21 days pro lidates: ate '99:	\$100.00 practic \$200.00 practic \$250.00 practic \$250.00 for the \$20.00 for each	to "hold" your space! cal exam cal exam	_X \$20.00 =	Amount:
			Total Enclosed or to be	Charged	
"NO SHOWS" Send form and make paya Amount: Date Rec:	ble to: <i>Conne</i> 34 Per Winds	ecticut Fire Aca rimeter Road sor Locks, CT (Fax Visa 06096-1069	0-654-1889 a/MC info	below!
#	F	'yn Date	Name on Card		

FAX YOUR INFORMATION: 860-654-1889

WE HAVE MADE ARRANGEMENTS WITH OUR BANK SUCH THAT IF YOU CHARGE YOUR TESTING FEE ON VISA OR MASTER CARD AND DO NOT SHOW, OR CANCEL LESS THAN THREE (3) DAYS PRIOR TO THE EXAM DATE, YOU WILL NOT RECEIVE A REFUND! IF YOU CANCEL MORE THAN THREE DAYS PRIOR TO THE EXAM DATE, YOU WILL BE SUBJECT TO A \$25 ADMINISTRATION FEE.

IF YOU POSTPONE OR CHANGE YOUR EXAM DATE AND ASKED TO BE MOVED TO ANOTHER DATE, THERE IS NO CHARGE. ONLY THREE MOVES PERMITTED WITHOUT AN ADMINISTRATION FEE OF \$50!!

BY FAXING OR SENDING THE FOLLOWING INFORMATION, YOU AGREE TO THE FOLLOWING:

You will forfeit your full fee if you do not show or cancel less than three (3) days prior to the exam date. If you cancel more than
three days prior to the exam date, you WILL be subject to a \$25 administration fee or loss of your fee. If you postpone or move
forward your exam date more than three times, you will be subject to a \$50 administration fee.

Signature:	Date	